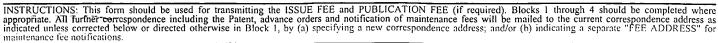
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000



indicated unless corrected maintenance fee notification		in Block I, by (a)	specifying a	new cor	respondence address	; and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any correspondence in Place 1)				N F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
21003 : 7	590 05/07/2004		` <u>~</u>	ħ	ave its own certificat	e of mailing or transmission.	,	
BAKER BOTTS LLP ONE SHELL PLAZA				I S a ti	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.			
910 LOUISIANA				ſ	Kim Hennes	(Depositor's name)		
HOUSTON, TEXAS 77002-4995			۴	from (b)	nnossel	(Signature)		
-4.	• -	1	•		August 5,	2004	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED I		INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/938,759	08/24/2001	Axe! Kna		nauff		A34496 071308.0218	4102	
-	JECTION UNIT FOR AN	INJECTION-MOLE	DING MACH	IINE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO \$1330		\$300		\$1630	08/09/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS)		
HEITBRINK, TIMOTHY W		1722		4	125-145000	,		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or 1 Baker Botts L.L.P.								
☐ Change of corresponde Address form PTO/SB/1	ence address (or Change of C 22) attached.	Correspondence	firm (havin	g as a n	ively, (2) the name nember a registered es of up to 2 registe	of a single attorney or 2		
					nts. If no name is listed, no name 3			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT ((print or	type)			
PLEASE NOTE: Unless been previously submitte (A) NAME OF ASSIGN						ssignee data is only appropri	ate when an assignment has ignment.	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Siemens Aktiengesellschaft Munich, Federal Republic of Germany								
Please check the appropriate	assignee category or catego	ries (will not be prir	nted on the pat	tent);	☐ individual ② c	orporation or other private g	roup entity 🖸 government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):								
☑ Issue Fee ☑ A check in the amount of the fee(s) is enclosed. ☑ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies Deposit Account Number (enclose an extra copy of this form).								
	·							
	sted to apply the Issue Fee an	7	if any) or to re	e-apply a	any previously paid is	sue fee to the application ide	entified above.	
(Date) August 5, 2004				4	08/06/2004 BSAYASI2 00000001 09938759			
NOTE; The Issue Fee and publication Fee (if required) will not be accepted from anyon other than the applicant; a egistered attorney or agent; or the assignee or other party i interest as shown by the records of the United States Patent and Trademark Office.				rty in	01 FC:1501 02 FC:1504 03 FC:8001	1	330.00 OP 300.00 OP 6.00 OP	
This collection of informa obtain or retain a benefit application. Confidentiality estimated to take 12 minus completed application for case. Any comments on suggestions for reducing the control of the	tion is required by 37 CFR by the public which is to fit is governed by 35 U.S.C. I sees to complete, including grant to the USPTO. Time will the amount of time your his burden, should be sent to office. Its penatment	1.311. The informatile (and by the USP 22 and 37 CFR 1.14 athering, preparing, il vary depending usequire to complete to the Chief Informatile (and the Chief Informatile).	ation is requir TO to proces I. This collecti and submittin pon the indive this form a ation Officer,	red to ss) an ion is ng the vidual und/or U.S.	V3 10:00V1		0.00 UP	
22313-1450. DO NOT S	Office, U.S. Department of END FEES OR COMPLE for Patents, Alexandria, Virgon	TED FORMS TO	THIS ADDR	ESS.				

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

